

Appendix:**Architectural Submittal Checklist Exhibit A**

**SHADOW MOUNTAIN RANCH
COMMUNITY ASSOCIATION
*ARCHITECTURAL SUBMITTAL CHECKLIST***

EXHIBIT A

PLEASE NOTE: INCOMPLETE SUBMITTALS WILL CAUSE DELAY IN APPROVAL PROCESS.
PLEASE READ CHECKLIST CAREFULLY.

Below is a listing of items that are required to accompany the application prior to review by the Architectural Review Committee.

THE ORIGINAL AND ONE (1) COPY EACH OF ITEMS 1 - 5 BELOW ARE REQUIRED.

1. Application (Exhibit B)
 - A. Complete Homeowner information (name, address, telephone).
 - B. Homeowner's signature(s)
 - C. Approximate start and completion dates
 - D. Project(s) being submitted
2. Signed Neighbor Impact Statement (Exhibit C) - The Impacted Neighbor Statement is intended to make neighbors aware of any improvement that may impact their property. It is intended for advisory use only. "Impacted" refers to immediate surrounding areas affected by the construction. "Facing" refers to most directly across the street. "Adjacent" refers to adjoining properties. "Rear" refers to neighbor(s) directly behind property.
3. Plans Showing the Work to Be Done - Detailed drawings showing the height, length, width, color and what the improvement will look like when it's completed.
4. Landscape Plans - These plans show a diagram of your house and where the landscaping improvements will be. Indication of plant and tree types and location are required.
5. Material Samples - Example: type of rock to be used, color chip of paint, pictures of gazebo, pool, patio cover and spa should accompany the plans for the same. A detailed drawing or picture must be submitted.

Send Application, and plans to:

Shadow Mountain Ranch Community Association
Architectural Review Committee

c/o Level Property Management
8966 Spanish Ridge Ave Ste 100, Las Vegas, NV 89148

Failure to follow these requirements and procedures may cause your request to be delayed pending submission of additional information and documentation to the Architectural Review Committee. An incomplete application may affect the time limits for approval.

Architectural Review Application Form Exhibit B

APPLICATION FOR IMPROVEMENTS ARCHITECTURAL REVIEW COMMITTEE (ARC)

THIS FORM MUST BE COMPLETED AND APPROVED PRIOR TO COMMENCEMENT OF IMPROVEMENTS, CHANGES, ETC. 8966 Spanish Ridge Ave Ste 100, Las Vegas, NV 89148 phone: (702)433-0149 fax: (702)444-2416 email: Help@levelprop.com

DATE: _____ ESTIMATED COMPLETION DATE: _____

NAME: _____ H. PHONE: _____ C. PHONE: _____

ADDRESS: _____ E-MAIL: _____

Application is submitted for review and approval of the following described improvements. Anything not listed here and not clearly shown on plans and specifications will not be a part of this review. You must provide a phone number.

DESCRIPTION OF PROPOSED IMPROVEMENTS:

In support of this application, the following required items must be submitted:

- Two copies of plans and specifications
- Show proposed improvements, including names of plants, proposed materials, surfaces finishes, colors and dimensions
- A Neighbor Awareness Form (**APPLICATIONS WITHOUT A COMPLETED NEIGHBORHOOD AWARENESS FORM WILL BE AUTOMATICALLY REJECTED**)

If application is incomplete, the reviewer will notify the applicant as to the needed documents or information and the application will not be further considered until receipt of these materials or information.

I will assume the responsibility of any work under the proposed above improvement that I may or my licensed contractor may accomplish which may, in the future, adversely affect the common area. I will assume responsibility for all future maintenance of this addition and/or improvement.

Homeowner's Signature _____ Date _____

FOR ARCHITECTURAL COMMITTEE USE ONLY

Action taken by Architectural Review Committee:

- APPROVED AS SUBMITTED
- APPROVED WITH CONDITIONS (The request submitted is approved subject to the conditions noted.)
- DISAPPROVED (The entire request is not approved and must be resubmitted.)
- NEED MORE INFORMATION (The request does not have enough information. Please collect the requested information and re-submit to ARC).

Comments:

Signature of ARC Member: _____ Date: _____

This approval does not relieve the Owner from CC&R requirements nor does it constitute approval as to compliance with applicable State or County Ordinances or requirements. Owner may also need to acquire building permits and/or approval from the County for permission to encroach or County easements. Approval is not to be considered authorization to change the drainage as installed by the developer and approved by the County.

Impacted Neighbor Statement Exhibit C

APPLICATION FOR IMPROVEMENTS ARCHITECTURAL REVIEW COMMITTEE (ARC)
THIS FORM MUST BE COMPLETED AND APPROVED PRIOR TO COMMENCEMENT OF ANY IMPROVEMENTS, CHANGES, ETC.

OWNER'S NAME: _____
ADDRESS: _____ UNIT # _____

FRONT NEIGHBOR _____
ADDRESS: _____ Phone _____

*I have reviewed the plans and specifications for my neighbor's proposed improvements. My comments are noted below.
(Check one)*

- I have no concerns about the proposed improvements in regards to impact on my property.*
- I have the following concerns regarding the impact on my property.*

Signature _____ Date _____

REAR NEIGHBOR: _____
ADDRESS: _____ Phone _____

*I have reviewed the plans and specifications for my neighbor's proposed improvements. My comments are noted below.
(Check one)*

- I have no concerns about the proposed improvements in regards to impact on my property.*
- I have the following concerns regarding the impact on my property.*

Signature _____ Date _____

RIGHT-SIDE NEIGHBOR: _____
ADDRESS: _____ Phone _____

*I have reviewed the plans and specifications for my neighbor's proposed improvements. My comments are noted below.
(Check one)*

- I have no concerns about the proposed improvements in regards to impact on my property.*
- I have the following concerns regarding the impact on my property.*

Signature _____ Date _____

LEFT-SIDE NEIGHBOR: _____
ADDRESS: _____ Phone _____

*I have reviewed the plans and specifications for my neighbor's proposed improvements. My comments are noted below.
(Check one)*

- I have no concerns about the proposed improvements in regards to impact on my property.*
- I have the following concerns regarding the impact on my property.*

Signature _____ Date _____

Completion of the Neighbor Awareness Form does not constitute approval by the ARC.

Patio Cover Checklist Exhibit D

SHADOW MOUNTAIN RANCH
COMMUNITY ASSOCIATION
PATIO COVER CHECKLIST
EXHIBIT D

The following information is needed for all patio cover submittals. This information must be accompanied by plans which show all the listed details, dimensions and what the completed cover will look like.

1. Height _____ Slope _____
Width _____ Overhang _____
2. Setbacks must be clearly indicated on the site plan, meet all code requirements and approved by the Architectural Review Committee.
3. Roof Type: _____ (A or B)
 - A. Flat with spaced slats? Yes or No.
If yes, will roof have exposed rafter tails? Yes or No.
What is the spacing of the slats? _____
 - B. Must match existing roof type.
4. Material Type: _____
5. Post size: _____
6. Color:
 - A. Will structure be painted to match the color of the residence? Yes or No.
 - B. Is the natural color of the wood being used? Yes or No.
All natural wood surfaces must be finished.
7. Stucco - Will patio cover be stuccoed? Yes or No.
If yes, stucco *must* match the stucco type and color that is on the residence.

NOTE: Owners remain permanently responsible for the maintenance and upkeep of additions and modifications to their property and must be recorded with their deed.